

Billing and Policy

Adult Day Health Care Centers Bulletin 351

January 2004

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Articles with related Part 1 Manual Replacement Pages may be found in the "Program and Eligibility" bulletin. Articles with related Part 2 Manual Replacement Pages may be found in the "Billing and Policy" bulletin. The Medi-Cal Update may not always contain a "Billing and Policy" section.

Indian Health Services: Reimbursement Rate Update

New calendar year 2003 reimbursement rates for services covered by the Indian Health Services Memorandum of Agreement (IHS/MOA) were recently published in the *Federal Register*. For claims with dates of service during the 2003 calendar year, Indian Health Services providers are reimbursed at an all-inclusive, per-visit rate of \$206 per outpatient visit when billed with per-visit codes 01 – 04, 06 – 09, 11 – 18, 23 and 24. Per-visit code 05 is reimbursed at the current Medi-Cal rate of \$393.

Participating IHS/MOA providers with claims for dates of service between January 1, 2003 and November 14, 2003 will receive notification, and these claims will be automatically reprocessed.

For more information, please refer to the following sections of the Part 2 manual:

- *Indian Health Services (IHS), Memorandum of Agreement (MOA) 638, Clinics*
- *Indian Health Services (IHS), Memorandum of Agreement (MOA) 638, Clinics: Billing Codes*
- *"Elect to Participate" Indian Health Services Memorandum of Agreement (IHS/MOA) Application (form DHS 7108)*

San Diego Medi-Cal Field Office Address and Telephone Changes

Effective October 31, 2003, the address and telephone numbers for the San Diego Medi-Cal Field Office (SDMFO) changed as follows. All SDMFO *Treatment Authorization Requests* (TARs) should now be submitted to the new address.

San Diego Medi-Cal Field Office
9555 Chesapeake Drive, Suite 203
San Diego, CA 92123-6394
(619) 688-4204
Toll-free fax: 1-888-899-2505

The post office box remains the same:

P.O. Box 85344
San Diego, CA 92186-5344

This information is reflected on provider manual replacement page tar field 8 (Part 2).

Use of Modifiers: Billing Reminder

Providers are reminded that up to four modifiers may be entered on outpatient UB-92 claims. Modifiers one and two must be entered immediately following the HCPCS code in the *HCPCS/Rates* field (Box 44) with no spaces. The remaining two modifiers are entered in Box 49 with no spaces. This information appears in the *UB-92 Completion: Outpatient Services* section of the Part 2 manual.

Instructions for Manual Replacement Pages

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Part 2

Remove and replace: hcpcs iii 3/4 *
 oth hlth 7/8 *
 tar field 7/8
 ub comp op 5/6 *, 19/20 *

Remove and
replace at end of
UB-92 Completion:
Outpatient Services
section: *Code Correlation Guide 1/2 **

* Pages updated/corrected due to ongoing provider manual revisions.